

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-041201
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 2985

FILED OCT 26 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clayton OR TOWN St Louis Co Hosp		c. CITY OR TOWN Overland 9402 Echo La	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Louis Co Hosp		d. STREET ADDRESS (If outside, give location) 9402 Echo La	
3. NAME OF DECEASED (Type or print) First Otis Middle L Last West		4. DATE OF DEATH Month Oct Day 14 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/4/1904
9. AGE (last birthday) 58		10. IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dry Cleaning Operator		11b. KIND OF BUSINESS OR INDUSTRY Ohio	
12a. FATHER'S NAME Frank West		12b. MOTHER'S MAIDEN NAME Viola Knutt	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		14. SOCIAL SECURITY NO. Frances West 9402 Echo La	
15. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Natural causes, probably coronary Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		16. PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
17. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		18. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
19. TIME OF INJURY Hour 2:42 a.m. p.m.		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
21. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
23. CITY, TOWN, OR LOCATION		COUNTY STATE	
24. I attended the deceased from _____, to _____, and last saw her him alive on _____ Death occurred at _____ 2:42 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		25. SIGNATURE (Degree or title) Raymond H. Hard Coroner Clayton, Missouri	
26. BURIAL, CREMATION, REMOVAL (Specify) Removal		27. DATE 10/17/1962	
28. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		29. LOCATION (City, town, or county) (State) St Louis Mo	
30. FUNERAL DIRECTOR Ortmann Funeral Home Overland Mo		31. DATE RECD. BY LOCAL REG. 10-16-62	
32. REGISTRAR'S SIGNATURE John E. Murphy		33. DATE SIGNED 10/20/62	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Al C. Ortman

Licensed Embalmer No. 3478

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.